

BK 0400 PG 0324  
WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between INEZ C. GIDEON, A WIDOW, who acquired title as a tenant by the entirety with full rights of survivorship and not as tenants in common with N. G. Gideon, who passed away on January 23, 1999, a copy of the death certificate is attached as Exhibit "A" to this deed, Grantor, and BARBARA A. WOOLBRIGHT, a single person, Grantee,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

1.80 acres, more or less, in Section 32, Township 1 South, Range 8 West and being more particularly described as:

Beginning at the northeast corner of Lot 60, Section C, of the J. G. Allen Subdivision as the same is shown on the recorded plat thereof in Plat Book 2, Page 7, in the office of the Chancery Clerk of DeSoto County, Mississippi; run thence south 89 degrees 24' west along the north line of said Section C, J. G. Allen Subdivision, and an existing fence line a distance of 196.00 feet to an iron pin at the northwest corner of Lot 59 of Section C of said subdivision; thence run south 2 degrees 03' 03" east a distance of 37.45 feet to a wood stake and the northeast corner of Lot 58; thence run north 89 degrees 44' 45" west along the north line of said Section C, J. G. Allen Subdivision, a distance of 194.00 feet to a wood stake on the north line of said Section C of said subdivision; thence run north 87 degrees 14' 45" west along the

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north line of said Section C a distance of 102.20 feet to a wood stake; thence run south 70 degrees 45' 15" west along the north line of said Section C of said subdivision a distance of 75.00 feet to a wood stake; thence run north 19 degrees 14' 45" west a distance of 112.39 feet to a point; thence run north 74 degrees 07' 48" east a distance of 266.33 feet to a wood hub; thence run north 88 degrees 15' 53" east a distance of 271.26 feet to a 6 inch square wood corner fence post; thence continue north 88 degrees 15' 53" east along an existing fence line a distance of 53.88 feet to an existing 6 inch square corner fence post; thence run south 7 degrees 38' 35" east along an existing fence line to a 4 inch diameter corner fence post and the point of beginning. This being the same property as conveyed to N. G. Gideon, et ux by Warranty Deed dated June 1, 1981, as of record in Deed Book 154, Page 217, in the office of the Chancery Clerk of DeSoto County, Mississippi.

ALSO:

0.57 acres, more or less, in the Northwest Quarter of Section 32, Township 1, Range 8 West, DeSoto County, Mississippi, described as:

Beginning at the northeast corner of Section 32; thence west along the center line of Goodman Road 3,495.0 feet to a point; thence south 5 degrees 17 minutes east 410.2 feet to an iron pin in the west right of way of Allen Drive for the point of beginning of the herein conveyed lot; thence south 5 degrees 17 minutes east along said right of way 175.3 feet to an iron pin; thence south 89 degrees 49 minutes west 142.0 feet to a point; thence north 6 degrees 54 minutes west 171.0 feet to a point; thence north 88 degrees 01 minutes east 146.5 feet to the point of beginning. All bearings magnetic as shown by the survey of J. E. Lauderdale dated June 1961. This being the same property as conveyed to N. G. Gideon, et ux by Warranty Deed dated June 1, 1981, as of record in Deed Book 154, Page 229, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 28th day of  
September, 2001.

INEZ C. GIDEON

*Larry N. Gideon, Jr. Conservator of Inez C. Gideon*  
By: LARRY N. GIDEON, SR.,  
CONSERVATOR OF INEZ C. GIDEON,  
PURSUANT TO ORDER ENTERED  
SEPTEMBER 27, 2001 IN CHANCERY  
CAUSE #00-05-695-L

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for said county and state, within my jurisdiction, the within named LARRY N. GIDEON, SR., who acknowledged that he is the CONSERVATOR for INEX C. GIDEON, and that in said representative capacity he executed the above and foregoing instrument, after first having been duly authorized to do so.

GIVEN under my hand and official seal on this the 28<sup>th</sup> day of September, 2001.

(SEAL)



My Commission Expires:

*Freda R. Buckingham*  
NOTARY PUBLIC

ADDRESS OF GRANTOR:

4571 Dogwood Meadows  
Walls, MS 38680  
Home: 662-393-8762  
Work: 901-789-6307

ADDRESS OF GRANTEE:

6927 ALLEN DRIVE  
WALLS, MISSISSIPPI 38680  
Home: 662-612-7207  
Work: 1/1

PREPARED BY AND RETURN TO:  
HOLCOMB DUNBAR, P.A.  
P. O. BOX 190  
SOUTHAVEN, MS 38671-0190  
(662) 349-0664

FILE# 801673/STD

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BK0400PG0327

STATE FILE NUMBER

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>NOBLE GUS GIDEON</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 23, 1999</b>																	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>410-14-1718</b>		5a. AGE-LAST BIRTHDAY (Years) <b>78</b>		5b. UNDER 1 YEAR MOS DAYS		5c. UNDER 1 DAY HOURS MIN		6. DATE OF BIRTH (Month, Day, Year) <b>Apr. 21, 1920</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Paducah, Kentucky</b>													
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				9b. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis, Tn.</b>				9c. COUNTY OF DEATH <b>Shelby</b>											
9d. FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital South</b>				10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <b>Married</b>				11. SURVIVING SPOUSE (If wife, give maiden name) <b>Inez Johnson</b>				12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Foreman</b>				12b. KIND OF BUSINESS/INDUSTRY <b>Illinois Central Railroad</b>							
13a. RESIDENCE-STATE <b>Mississippi</b>		13b. COUNTY <b>Desoto</b>		13c. CITY, TOWN OR LOCATION <b>Walls</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>6927 Allen Dr.</b>				14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>White</b>				15. RACE-American Indian, Black, White, etc (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+) <b>2</b>							
17. FATHER'S NAME (First, Middle, Last) <b>Gillead Gideon</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lena Parker</b>				19a. INFORMANT'S NAME (Type/Print) <b>Larry Gideon Sr.</b>				19b. RELATIONSHIP TO DECEASED <b>Son</b>				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4571 Dogwood Meadows Walls, Ms. 38680</b>							
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Union Cemetery</b>				20c. LOCATION: City or Town, State <b>Bolivar, Tn.</b>				21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>3541</b>		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>		21d. LICENSE NUMBER OF EMBALMER <b>3835</b>			
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Forest Hill Funeral Home South 2545 E. Holmes Rd. Memphis, Tn. 38118</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>920</b>				23. REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>Deputy</b>				24. DATE FILED (Month, Day, Year) <b>FEB 12 1999</b>				25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER <b>MD8296</b>		25c. DATE SIGNED (Month, Day, Year) <b>2/11/99</b>	
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER				26c. DATE SIGNED (Month, Day, Year)				27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Lawrence Whitlock 4128 South Plaza Dr. Memphis, Tn. 38116</b>				28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>RESPIRATORY FAILURE</b> <b>CEREBROVASCULAR ACCIDENT</b>				Approximate Interval Between Onset and Death			
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M 2</b>		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				EXHIBIT <b>A</b>				BIRTH NO.											

SEE INSTRUCTIONS  
ON OTHER SIDECAUSE OF  
DEATH



ISSUED BY COUNTY HEALTH DEPARTMENT-514 SHELDON AVE., MEMPHIS, TENNESSEE.  
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with  
the Tennessee Vital Records by the Memphis County Health Department.

SPAL

Date Issued FEB 12 1999 by Glenn D. Fournier  
Glenn D. Fournier, Registrar  
Vital Records Section

H+D